

A Message from Illinois Attorney General LISA MADIGAN



As an Illinois consumer, you are entitled to a wide variety of health care rights and protections. Because these rights vary depending on the type of health insurance you have, it is important that you know which rights apply to your plan.

This brochure contains information regarding the rights and protections afforded to consumers with individually purchased plans. For specific information regarding your insurance, please refer to your plan's Certificate of Benefits or Summary Plan Description.

Knowledge is power. The more you know about your rights, the more likely you are to get the care and benefits to which you are entitled. If you feel your rights have been violated, please contact my office's Health Care Helpline at 1-877-305-5145 (TTY: 1-800-964-3013) to file a complaint.


Lisa Madigan
Attorney General

The following is a summary of the primary rights that consumers who are enrolled in individually purchased plans are entitled to receive based on federal and Illinois law. This list is not all-inclusive and certain exceptions and qualifications may apply.

***Illinois Managed Care Reform and Patient Rights Act**

215 ILCS 134/1 et. seq.

- Right to receive detailed information about HMO coverage.
- Right to receive coverage for emergency services when a “prudent person” would reasonably believe that the condition is serious enough to require emergency medical attention.
- Right to apply for a standing referral from a primary care physician when the consumer has a condition that requires ongoing care from a specialist.
- Right to appeal service denial decisions made by the consumer's HMO.

Emergency Medical Treatment and Active Labor Act (EMTALA)

42 U.S.C. §1395dd

- Right to receive a medical screening by a hospital emergency room.
- Right to be treated and stabilized in the emergency room of a hospital if you have an emergency medical condition.

* Only applies if your individually purchased plan is an HMO.



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**Health Care
Hotline**
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Printed by authority of the State of Illinois. 01/07, 10M,0987
This material is available in alternate format upon request.

**Your
Patient Rights
In An
Individually
Purchased
Plan**



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Health Insurance Portability and Accountability Act (HIPAA)

- Limited exclusion periods and increased portability when changing jobs. *42 U.S.C. §300gg*
- Access to individual coverage through Illinois Comprehensive Health Insurance Plan (ICHIP) if you lose your employer's plan and have no other plan available. *42 U.S.C. §300gg-41*
- Right to see and receive a copy of your medical record. *45 C.F.R. §164.524*

Illinois Prompt Pay Law

215 ILCS 5/368a

- Right to have your medical bill paid promptly by your insurer.

Illinois Women's and Newborns' Rights

- Requires coverage of outpatient contraceptive services and outpatient contraceptive drugs and devices approved by the Food and Drug Administration. *215 ILCS 5/356.4*
- Requires coverage for a routine mammogram at the same rate as a diagnostic x-ray for women 35 years old or older. *215 ILCS 5/356*
- Waives deductibles and co-payments for medical treatment related to sexual assault. *215 ILCS 5/356*
- Requires benefits for newborns of a covered insured member from the moment of birth.
215 ILCS 5/356; 215 ILCS 125/4-8

- Requires coverage for removal of breast implants when such removal is medically necessary treatment for sickness or injury. *215 ILCS 5/356*
- Requires coverage for: (1) a baseline mammogram for women ages 35 to 39 and (2) an annual mammogram for women age 40 or older. *215 ILCS 5/356*
- Requires coverage for inpatient hospital stay following a mastectomy for a length of time the attending physician determines is medically necessary. *215 ILCS 5/356*

- Requires coverage for prosthetic devices or reconstructive surgery related to a mastectomy. *215 ILCS 5/356(b)*
- *Requires coverage for surveillance tests for ovarian cancer for female insureds who are at risk for ovarian cancer. *215 ILCS 5/356; 215 ILCS 125/4-6.5*
- *Requires coverage for an annual cervical smear or pap smear for females. *215 ILCS 5/356; 215 ILCS 125/4-6.5*

Mandated Benefits

- *Requires coverage for treatment, diagnosis, and detoxification related to alcoholism. *50 Ill. Admin. Code 5421.130 (i)*
- *Requires coverage for any drug that has been prescribed for the treatment of cancer, even if the drug has not been approved for that specific type of cancer by the FDA, if your policy provides prescription drug benefits. *215 ILCS 125/4-6.3*

- Requires coverage for all colorectal cancer examinations and laboratory tests for colorectal cancer. *215 ILCS 5/356*
- Requires coverage for anesthesia and other charges incurred in conjunction with dental care provided in a hospital or ambulatory surgical treatment center under certain circumstances. *215 ILCS 5/356 .2*
- *Requires coverage for ten (10) days of inpatient mental health care and twenty (20) days of individual outpatient mental health care visits per year. *50 Ill. Admin. Code 5421.130(h)*

- Set guidelines under which experimental or investigational organ transplantation procedures can be denied. *215 ILCS 5/367(13)*
- Requires coverage for medically necessary bone mass measurement and the diagnosis and treatment of osteoporosis on the same terms and conditions that generally apply to other medical conditions. *215 ILCS 5/356.6*
- Requires coverage of prescription inhalants for persons with asthma or other life-threatening bronchial ailments. *215 ILCS 5/356.4*
- *Requires coverage of preventative health services including a health evaluation program and immunizations. *50 Ill. Adm. Code 5421.130(g)*

Fair Patient Billing Act Illinois Public Law

94-0885

- Right to assess the accuracy of your bill.
- Right to receive information regarding the hospital's financial assistance policies.
- Right to receive information about the opportunity to enter into a reasonable payment plan or qualify for financial assistance.
- Right to receive notice of out-of-network providers.
- Right to request an itemized bill.

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